MOUNT WACHUSETT COMMUNITY COLLEGE
APPROVAL FORM FOR COLLABORATIVE IRB OVERSIGHT

Name of Principal Investigator: ___________________________ Phone: ___________________________

Principal Investigator Status: ☐ MWCC Staff ☐ MWCC Student
☐ Other
If other, institutional affiliation: ___________________________

Project Title: _______________________________________________________________________

Institution with primary IRB oversight and record-keeping: _____________________________

Has approval been received? ☐ Yes ☐ No

If yes, approval must be attached.

If no, when is approval expected? ___________________________

(Copy of approval MUST be submitted before research at MWCC may begin)

Project Requires: ☐ Exempt ☐ Expedited ☐ Full Board Review

Proposed Project Dates: ______________________________________

Project Summary/Abstract:

Primary Investigator Signature ___________________________
Date ___________________________

MWCC IRB Chair Signature ___________________________
Date ___________________________